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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response.....16.00

OMB APPROVAL

SEC USE ONLY							
Prefix	Serial						
DATE RECEIVED							

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Limited Partnership interests in Baupost Limited Partnership 1987 F-1 Filing Under (Check box(es) that apply):
Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Baupost Limited Partnership 1987 F-1 Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (including Area Code) c/o The Baupost Group, L.L.C., 10 St. James Avenue, Suite 2000 617-210-8300 Boston, MA 02116 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (including Area Code) (if different from Executive Offices) Brief Description of Business Private Investment Fund Type of Business Organization corporation ⊠limited partnership, already formed other (please specify): □limited partnership, to be formed business trust Month Year Actual or Estimated Date of Incorporation or Organization: Estimated 0 8 7 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Х Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director □ General and/or Managing Partner Full Name (Last name first, if individual) The Baupost Group, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 10 St. James Avenue, Suite 2000, Boston, MA 02116 ☐ General and/or Managing Partner ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Baupost Partners, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 10 St. James Avenue, Suite 2000, Boston, MA 02116 Check Box(es) that Apply: ☐ Executive Officer Director General and/or Managing Partner ☐ Beneficial Owner Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner Check Box(es) that Apply: □ Promoter Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Executive Officer

Executive Officer

☐ Director

Director

☐ General and/or Managing Partner

General and/or Managing Partner

☐ Beneficial Owner

☐ Beneficial Owner

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

					B. INFO	RMATIC	N ABOU	T OFFE	RING					
1. Has	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No ⊠					
				,	Answer also	in Append	lix, Columr	2, if filing	under ULO	E.				
2. Wha											\$N/A			
3. Does the offering permit joint ownership of a single unit?									Yes	No				
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											_			
Full Name N/A	(Last name fi	irst, if indiv	idual)											
											_			
Business or	Residence A	Address (Nu	mber and S	treet, City,	State, Zip (Code)								
Name of A	ssociated Bro	ker or Deal	er											
States in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers								
(Chec	k "All States	" or check i	ndividual S	tates)			•••••				All States	;		
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
	(Last name fi													
Business or	Residence A	Address (Nu	mber and S	treet, City,	State, Zip (Code)					_			
Name of A	ssociated Bro	ker or Deal	er				<u> </u>							
States in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers	_							
(Check "Al	l States" or c	heck individ	dual States)				••••••			[All States	.		
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC] (Last name fi	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
	Residence A	,		treat City	State 7in (Tode)					_			
				ucci, City,	State, Zip C									
	ssociated Bro		_								_			
States in W	hich Person l	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers								
(Check "Al	(Check "All States" or check individual States)													
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Offering Amount Already Type of Security Price Sold Debt S \$ Equity ☐ Common ☐ Preferred Convertible Securities (including warrants) \$ \$ \$23,116,913 Partnership Interests \$23,116,913 ____) Other (Specify_ \$ \$ Total \$23,116,913 \$23,116,913 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors Aggregate Dollar Amount of Purchases Accredited Investors.... \$23,116,913 \$ Non-accredited Investors Total (for filings under Rule 504 only)..... \$ Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 Regulation A \$ Rule 504..... \$ \$ Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.... \$ Legal Fees \boxtimes \$1,700 Accounting Fees.... \$ Engineering Fees.... Sales Commissions (specify finders' fees separately)..... \$ \$ Other Expenses (identify) Total \boxtimes \$1,700

	C. OFFERING PRICE	E, NUMBER OF INVESTORS, EXPENSES AND US	SE OF PROC	CEED2		
١.		ing price given in response to Part C - Question 1 and to 4.a. This difference is the "adjusted gross proceeds to t		- ,		\$23,115,213
5.	the purposes shown. If the amount for any purpose	sceeds to the issuer used or proposed to be used for each is not known, furnish an estimate and check the box to the must equal the adjusted gross proceeds to the issuer set	the		_	
			Off	Payments icers, Dire & Affilia	ectors,	Payments To Others
	Salaries and fees		🗆 5	\$		□ \$
	Purchase of real estate		🗆 5	\$		□ \$
	Purchase, rental or leasing and installation of machi	nery and equipment	🗆 5	\$		□ \$
Construction or leasing of plant buildings and facilities				\$		□ \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)				\$		□ \$
	Repayment of indebtedness		🗆 9	<u> </u>		□ \$
	Working capital		🗆 5	<u></u>		□ \$
	Other (specify): Investments			š		⊠ \$23,115,213
	Column Totals			\$		⊠ \$23,115,213
	Total Payments Listed (column totals added)	******	⊠ \$23,115,213			
_		D. FEDERAL SIGNATURE		<u></u>		
uı		undersigned duly authorized person. If this notice is file ies and Exchange Commission, upon written request of ale 502.				
	uer (Print or Type) upost Limited Partnership 1987 F-1	Signature 2	Date October	み 入	, 2004	
	• • • • • • • • • • • • • • • • • • • •	Title of Signer (Print or Type) Chief Financial and Administrative Officer				-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION